PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10828273

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			16		100.0		1	RATE	FEE	7 7	RATE	FEE	
					A.U. 10.40	ED EVIDA		BASIC FEE	 	i			
FOR			NUMBER FILED N		NUMB	ER EXTRA		BASIC PER	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			10 minus 20= *					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				•	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										4	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL ADDIT, FEE	7	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B	νά	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	*		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
٥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟			Un			
								+145= TOTAL		OR	+290=		
										OR	TOTAL ADDIT. FEE	· ·	
		•					•						
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	RISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	╽┠	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
± 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is I	ess than	20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
		ber Previously Paid					r foun	d in the app	ropriate box	in col	umn 1.		